

<b>Case Number:</b>	CM13-0062956		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/29/1998
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has a date of injury of January 18, 2001. The patient fell and injured the neck and head region. The patient complains of chronic neck shoulder pain, headaches, and taking medications to include NSAIDs. An MRI the cervical spine from January 2013 reveals mild degenerative disc condition. There is a small C2-3 and C3 central disc protrusion and prior C5-C6 anterior cervical fusion. The patient reports chronic neck pain and has had over 20 sessions of chiropractic care which helped somewhat. The physical exam shows decreased range of cervical motion. Upper extremity sensation is intact. Motor strength is 5 minus over 5 bilaterally in the deltoids, biceps, internal and external rotators. Reflexes were mildly hyper-reflexic.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**OVERNIGHT STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH GRAFT AND PLATING  
AT C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG, TWC Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186-187.

**Decision rationale:** This patient does not meet establish criteria for anterior cervical fusion surgery. There is no documentation of spinal instability, fracture, or tumor. Also, there is no documentation of a neurologic deficit that clearly corresponds to the MRI imaging showing specific nerve root compression. In addition, there is no evidence of myelopathy or progressive neurologic deficit. Therefore, the request for an anterior cervical discectomy and fusion with graft and plating at C4-5 is not medically necessary.